

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3119

State File No.

Registrar's No.

FILED FEB 12 1942

Registration District No.

Primary Registration District No. 4388

1. PLACE OF DEATH:

(a) County. Pemiscot
(b) City or town. Caruthersville
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 years
(Specify whether years, months or days)
In this community 31 years

3. (a) PRINT FULLNAME EARL CONN MASDON

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Masdon
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased. September 23, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 8
If less than one day hr. min.

9. Birthplace Malinta, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Manager of Oil & Gas Co.

11. Industry or business Oil

12. Name John Wilson Masdon

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Ellis Conn

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Masdon

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 1-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director. LaForge Und. Co.

(b) Address Caruthersville, Mo.

19. (a) Jan. 8, 1942 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Pemiscot
(c) City or town. Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 710 Beckwith Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1942 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Aug. 1941
to Jan. 1, 1942
that I last saw him alive on Jan. 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to Cancer of

Due to throat

Other conditions 458
(Include pregnancy within 3 months of death)

Major findings: 458
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Ada Martin (M. D. or other) med

Address Caruthersville Date signed 1-3-42

2-42-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

or

....., Registered Apprentice No.

..... working under my personal supervision.

Signed.....

Licensed Embalmer No. 4086

P. O. Address Canuthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.